

DMH MENTAL HEALTH CLINIC SERVICE REPORT CARD

Name of Provider:

Contact Person:

Date:

Phone #:

Total # of Open CalWORKs Cases:

Rating Period: Month of

of DPSS & CASC Service Advocate referrals:

clients that showed for assessment:

of clients that started treatment:

of referrals from other referral sources:

checked for CalWORKs eligibility using PA1923:

of new clients with co-occurring Substance Abuse:

| DMH PERFORMANCE REQUIREMENTS | | | Comments |
|------------------------------|---|--|----------|
| 1 | Agency provides assessment/treatment services within 10 days of CASC/DPSS referral or within 2 days in cases of emergent needs. | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 2 | Client starts treatment the week after assessment. If not, when may the client begin treatment? | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3 | # of clients seen for treatment for 1-5 hrs each week: <input type="text"/> # of clients seen for treatment for 1-2 hrs every 2 weeks: <input type="text"/> # of clients seen once each month: <input type="text"/> | | |
| 4 | Specify # of clients currently participating in concurrent GAIN activities: (as indicated by your recommendation on GN6006B or GN6008) <input type="text"/> | | |
| 5 | 70% of CW mental health clients are required to be in concurrent GAIN activities after 6 months. Specify # of your clients unable to participate in concurrent GAIN activities after 6 months: <input type="text"/> | | |
| 6 | CalWORKs clients not able to engage in additional GAIN activities within 6 months are identified as SSI appropriate. Specify # of cases that applied for SSI this month: <input type="text"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 7 | Staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and engagement attempt have been unsuccessful. Number of cases closed in this period due to lack of contact: <input type="text"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 8 | Agency has CalWORKs-specific groups to accommodate more clients (If applicable based on treatment slots and clinical staff). | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Specify the number of CalWORKs cases closed during this rating period that successfully completed treatment:

Additional Agency Information
about CalWORKs operation:

CalWORKs staff dedicate 100% of time to CalWORKs service. YES ☐ NO ☐

If no, please indicate % of time devoted to CalWORKs service for each CalWORKs staff member below:

Clinical team at the agency: (# of staff providing service to CalWORKs clients; indicate team configuration below)

-
- Psychiatric Social Worker II (licensed)
-
-
- Psychiatric Social Worker I (MSW, waived, not yet licensed)
-
-
- Registered Nurse
-
-
- Marriage & Family Therapist I (Waivered, not yet licensed)
-
-
- Marriage & Family Therapist II (licensed)
-
-
- Clinical Psychologist
-
-
- Medical Case Worker (Case Manager)
-
-
- Psychiatric Technician
-
-
- Mental Health Services Coordinator
-
-
- Community Worker
-
-
- Interns (specify discipline)
-
-
- Student worker
-
-
- Employment Specialist
-
-
- Occupational Therapist
-
-
- Other:
-

Describe any Problems with GAIN this Month:

OTHER COMMENTS: